Executive Summary

Much has been done towards checking the progression of the 20+-year-old HIV pandemic, although a considerable amount of work remains to be done. Gains made in pharmacotherapies and a better understanding of appropriate management have changed AIDS from a fatal disease with a rapid decline to death to a chronic illness that can be successfully managed for years. Despite this good news, physical functioning and emotional well being in symptomatic HIV are both well below normal for the US population, even compared to most other chronic diseases. Managing HIV/AIDS is costly and complex for the VA, especially when considering the larger picture of associated conditions commonly seen in these patients. Because the VA is the largest single provider of HIV care in the US with over 19,000 patients in care annually, HIV/AIDS continues to be an appropriate target for the QUERI program.

QUERI-HIV research has been designed to investigate issues related to care access, care management, promotion of healthy patient behaviors, and cost effectiveness by focusing on HIV as the primary condition. Towards this aim, our group has made substantial progress during the previous year. Our implementation project alone has yielded seven publications and eight presentations. Other projects have also generated publications in such high profile journals as NEJM, JAMIA, and AJM. In addition to our other dissemination successes, our newly constructed website went live in October. We have forged even closer links with our national quality improvement partners in the Public Health Strategic Healthcare Group (PHSHG) and the Center for Quality Management in Public Health (CQM-PH).

QUERI-HIV has been productive in terms of findings and tested quality tools. Through our efforts, the CQM-PH has taken the clinical reminders and group-based quality improvement tools we developed, improved upon them further as a result of our process evaluation, and made them available on a nationwide basis. As our product yield increases, as it has this past year, we will be better positioned to track our projects' impacts on the aspects of system performance, clinical practice, and patient health that were targeted. For example, we will be proposing a sustainability analysis of abovementioned interventions tested in our original translation project. We are well positioned to influence HIV clinical care through representation of Executive Committee members and affiliated investigators both inside and outside of the VA.

Until now, our group's specific mission has been to improve the care of VA patients that are already infected with HIV by defining optimal care, understanding the obstacles of such care, and implementing quality improvement interventions. This year, we plan to enlarge our portfolio to include management of the medical and behavioral conditions associated with HIV

infection, as well as HIV per se. This modest expansion in focus is needed because care for the total patient is necessary to maximize longer life with better quality, and because tools for improving the treatment of co-morbid conditions in HIV (e.g., antiretroviral-associated hyperlipidemia) differ substantially from the tools needed in the absence of HIV. We will also move our quality improvement portfolio earlier in the chain of identification and treatment of HIV veterans to include innovative screening methods and better outreach to veterans who are currently outside the system, such as the incarcerated and the homeless. We have organized work groups to address the following four goals that will drive our future efforts. Our future projects will focus on:

- **Improving access to appropriate care** through better screening and casefinding to reduce prevalence of undetected disease and promote earlier treatment;
- **Optimizing current HIV therapy** to improve immunologic and virologic status and reduce development of resistant virus and new infections with resistant strains;
- **Coordinating management of HIV and co-morbid conditions** to reduce unnecessary morbidity and mortality in these patients and, as a consequence, improve their quality of life; and
- **Encouraging patients to participate in their own care** to optimize the effects of their treatment and reduce risk behaviors to prevent future transmission.

Like others in chronic disease research, we have chosen the Chronic Care Model as an appropriate theoretical framework to guide our efforts. The CCM describes a comprehensive, coordinated approach to chronic disease care by taking into consideration interactions between the community, the healthcare system, and the informed and activated patient. We feel that designing projects for such timely and essential targets for quality improvement using the CCM will allow us to address major care quality gaps that have been identified largely by our own work.

In sum, this has been an extraordinary year for our group. We have experienced a number of events, such as a change in leadership and addition of several key members to our Executive Committee, that collectively have influenced who we are and what we intend to do in the future. In addition, non-VA positions held by some of our EC members, like Dr. Paul Volberding, represent superb opportunities for our group to be informed about and influence HIV care in general, not just within the VA. These avenues of influence make our research agenda timely and relevant to cutting-edge quality issues in HIV care. We now look ahead to a challenging and productive phase for QUERI-HIV.